S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 38 OF 45												
	EMIZED DISBURSEMENTS		te schedule(s)	-		only o	NOMBETT.						00 01 40	0	
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	ny information copied from such Reports and Statem													3	
	for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)			_	. =	_									
$ \rangle$	Massachusetts Mutual Life Insuran	ce Compa	any Politica	ıl Ac	tior	n Co	mmitt	ее							
\angle	Full Name (Last, First, Middle Initial)														
Α.	Mike Thompson For Congress						Date of	f Dis	burse	ment					
								M M / D D / Y Y Y Y							
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	City State Zip Code														
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C.	Ryan For Congress, Inc.						ment								
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	City	State Z	Zip Code			_									
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	Event: February 26, 2015			01	11		Amount	t of l	Each	Disbur	semer	nt this	Perio	od	
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	Rep. Paul D. Ryan Office Sought:	nent For: 201	6	Тур	pe	\dashv			7		,				
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s	SUBTOTAL of Disbursements This Page (optional))	•			,		,	600	0.00		
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